

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 8  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Protecting Choice in California, a project of Planned Parenthood Affiliates of California</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00556860         </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>AMS Communications, Inc.</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            10 / 03 / 2014         </div>	
Mailing Address 500 Sansome Street, Suite 404		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           10110.00         </div>	
City State Zip Code San Francisco CA 94111	<b>Transaction ID : PDT.E.10</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            10 / 03 / 2014         </div>		
Purpose of Expenditure Mailer	Category/Type <div style="border: 1px solid black; padding: 2px;">24E</div>		
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 26 State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">           91346.35         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>AMS Communications, Inc.</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            10 / 03 / 2014         </div>	
Mailing Address 500 Sansome Street, Suite 404		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           5055.00         </div>	
City State Zip Code San Francisco CA 94111	<b>Transaction ID : PDT.E.21</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            10 / 03 / 2014         </div>		
Purpose of Expenditure Mailer	Category/Type <div style="border: 1px solid black; padding: 2px;">24A</div>		
Name of Federal Candidate Jeff Gorell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 26 State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">           91346.35         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">15165.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 2 OF 8  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Protecting Choice in California, a project of Planned Parenthood Affiliates of California</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00556860       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Planned Parenthood Affiliates of California</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 01 / 2014</div> </div>	
Mailing Address 555 Capitol Mall, Suite 510		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">600.00</div>	
City State Zip Code Sacramento CA 95814	<b>Transaction ID : PDT.E.44</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 01 / 2014</div> </div>		
Purpose of Expenditure Supplies for Field Office; 10/1 - 10/18 (estimate)	Category/Type <div style="border: 1px solid black; padding: 2px;">24E</div>		
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 26 State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">91346.35</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Planned Parenthood Affiliates of California</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 01 / 2014</div> </div>	
Mailing Address 555 Capitol Mall, Suite 510		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">600.00</div>	
City State Zip Code Sacramento CA 95814	<b>Transaction ID : PDT.E.45</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 01 / 2014</div> </div>		
Purpose of Expenditure Supplies for Field Office; 10/1 - 10/18 (estimate)	Category/Type <div style="border: 1px solid black; padding: 2px;">24A</div>		
Name of Federal Candidate Jeff Gorell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 26 State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">91346.35</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">1200.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Kathleen Cogan*
*[Electronically Filed]*

Date

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10 / 03 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 8  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Protecting Choice in California, a project of Planned Parenthood Affiliates of California</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00556860	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Planned Parenthood Affiliates of California</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 01 / 2014</b>	
Mailing Address <b>555 Capitol Mall, Suite 510</b>		Amount <b>1633.54</b>	
City <b>Sacramento</b>	State <b>CA</b>	Zip Code <b>95814</b>	Transaction ID : <b>PDT.E.48</b>
Purpose of Expenditure Staff Time & Travel Expenses; 10/1 - 10/18 (estimate)		Category/ Type <b>24A</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 01 / 2014</b>
Name of Federal Candidate <b>Jeff Gorell</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>26</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <b>91346.35</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Planned Parenthood Affiliates of California</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 01 / 2014</b>	
Mailing Address <b>555 Capitol Mall, Suite 510</b>		Amount <b>1633.54</b>	
City <b>Sacramento</b>	State <b>CA</b>	Zip Code <b>95814</b>	Transaction ID : <b>PDT.E.49</b>
Purpose of Expenditure Staff Time & Travel Expenses; 10/1 - 10/18 (estimate)		Category/ Type <b>24E</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 01 / 2014</b>
Name of Federal Candidate <b>Julia Brownley</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>26</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <b>91346.35</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>3267.08</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

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Date

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**10 / 03 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 8  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Protecting Choice in California, a project of Planned Parenthood Affiliates of California</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00556860       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Planned Parenthood Affiliates of California</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 555 Capitol Mall, Suite 510		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1242.74</div>	
City Sacramento	State CA	Zip Code 95814	<b>Transaction ID : PDT.E.50</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Staff Time for Field Office; 10/1 - 10/18 (estimate)		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24A</div>	
Name of Federal Candidate Jeff Gorell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">91346.35</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Planned Parenthood Affiliates of California</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 555 Capitol Mall, Suite 510		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1242.74</div>	
City Sacramento	State CA	Zip Code 95814	<b>Transaction ID : PDT.E.51</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Staff Time for Field Office; 10/1 - 10/18 (estimate)		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>	
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">91346.35</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2485.48</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

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Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 8  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Protecting Choice in California, a project of Planned Parenthood Affiliates of California</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00556860	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Planned Parenthood Affiliates of California</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 01 / 2014</b>		
Mailing Address <b>555 Capitol Mall, Suite 510</b>			Amount <b>11.88</b>		
City <b>Sacramento</b>	State <b>CA</b>	Zip Code <b>95814</b>	Transaction ID : <b>PDT.E.52</b>		
Purpose of Expenditure Online Voter Guide; 10/1 - 10/18 (estimate)		Category/ Type <b>24A</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 01 / 2014</b>		
Name of Federal Candidate <b>Jeff Gorell</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>26</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>		
Calendar Year-To-Date Per Election for Office Sought <b>91346.35</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Planned Parenthood Affiliates of California</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 01 / 2014</b>		
Mailing Address <b>555 Capitol Mall, Suite 510</b>			Amount <b>11.88</b>		
City <b>Sacramento</b>	State <b>CA</b>	Zip Code <b>95814</b>	Transaction ID : <b>PDT.E.53</b>		
Purpose of Expenditure Online Voter Guide; 10/1 - 10/18 (estimate)		Category/ Type <b>24E</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 01 / 2014</b>		
Name of Federal Candidate <b>Julia Brownley</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>26</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>		
Calendar Year-To-Date Per Election for Office Sought <b>91346.35</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>23.76</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

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**10 / 03 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Protecting Choice in California, a project of Planned Parenthood Affiliates of California</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00556860       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Verizon</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 01 / 2014</div> </div>	
Mailing Address P.O. Box 920041		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">75.00</div>	
City State Zip Code Dallas TX 75392	<b>Transaction ID : PDT.E.46</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 01 / 2014</div> </div>		
Purpose of Expenditure Internet for Field Office; 10/1 - 10/18 (estimate)	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24A</div>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>Jeff Gorell</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">91346.35</div>		Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Verizon</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 01 / 2014</div> </div>	
Mailing Address P.O. Box 920041		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">75.00</div>	
City State Zip Code Dallas TX 75392	<b>Transaction ID : PDT.E.47</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 01 / 2014</div> </div>		
Purpose of Expenditure Internet for Field Office; 10/1 - 10/18 (estimate)	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <b>Julia Brownley</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">91346.35</div>		Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">150.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 7 OF 8  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Protecting Choice in California, a project of Planned Parenthood Affiliates of California</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00556860	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Wagaman Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 01 / 2014</b>	
Mailing Address <b>886 Metal Lane</b>		Amount <b>125.00</b>	
City <b>West Sacramento</b>	State <b>CA</b>	Zip Code <b>95691</b>	Transaction ID : <b>PDT.E.55</b>
Purpose of Expenditure Consulting for Field Program; 10/1 - 10/18 (estimate)		Category/ Type <b>24A</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 01 / 2014</b>
Name of Federal Candidate <b>Jeff Gorell</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>26</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <b>91346.35</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Wagaman Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 01 / 2014</b>	
Mailing Address <b>886 Metal Lane</b>		Amount <b>125.00</b>	
City <b>West Sacramento</b>	State <b>CA</b>	Zip Code <b>95691</b>	Transaction ID : <b>PDT.E.56</b>
Purpose of Expenditure Consulting for Field Program; 10/1 - 10/18 (estimate)		Category/ Type <b>24E</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 01 / 2014</b>
Name of Federal Candidate <b>Julia Brownley</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>26</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <b>91346.35</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>250.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 8 OF 8  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Protecting Choice in California, a project of Planned Parenthood Affiliates of California</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00556860	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>James Wisley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 01 / 2014</b>	
Mailing Address <b>1570 Prospect Avenue</b>		Amount <b>93.75</b>	
City <b>Hermosa Beach</b>	State <b>CA</b>	Zip Code <b>90254</b>	Transaction ID : <b>PDT.E.57</b>
Purpose of Expenditure Consulting for Field Program; 10/1 - 10/18 (estimate)		Category/Type <b>24A</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 01 / 2014</b>
Name of Federal Candidate <b>Jeff Gorell</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>26</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <b>91346.35</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>James Wisley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 01 / 2014</b>	
Mailing Address <b>1570 Prospect Avenue</b>		Amount <b>93.75</b>	
City <b>Hermosa Beach</b>	State <b>CA</b>	Zip Code <b>90254</b>	Transaction ID : <b>PDT.E.58</b>
Purpose of Expenditure Consulting for Field Program; 10/1 - 10/18 (estimate)		Category/Type <b>24E</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 01 / 2014</b>
Name of Federal Candidate <b>Julia Brownley</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>26</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <b>91346.35</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>187.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	<b>22728.82</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 03 / 2014**

Signature